Decision to Transfuse and Authorisation of Blood and Blood Components by Non-Medical Authorisers (NMA)

Author:	**Consultant Haematologist**
Responsible Lead Executive Director:	**Executive Medical Director**
Development & Approval Group or Team:	**Non-Medical Authorisation of Blood and Blood Components SLWG**
Endorsing Body:	**Scottish National Blood Transfusion Committee (SNBTC)**
Governance or Assurance Committee:	**Lanarkshire Transfusion Governance (LanTaG) Committee**
Implementation Date:	**01/08/24**
Version Number:	**01**
Review Date:	**01/08/26**
Responsible Person:	**Consultant Haematologist**

TABLE OF CONTENT

Consultation and Distribution Record	
Contributing Author/Authors:	• M. Caldwell, Transfusion Practitioner • D. Watson, Chief Nurse, UHW • K. McKie, Resuscitation Officer • T. Laird,Senior ANP, Acute Oncology • A. McKenna, Haematology/Oncology SCN • L. Nicholson, ACCP, ICU
Consultation Process/Stakeholders:	• NHSL Clinical Leads • NHSL Directors • Chief Nurses • Overarching Transfusion Committee (LanTaG) members
Distribution:	• Corporate Policies Team • All in NHS Lanarkshire

Change Record			
Date	**Author**	**Change**	**Version No.**

1. INTRODUCTION

Non-Medical Authorisation (NMA) of Blood Components was first developed in 2005 in response to the amendment of the 1968 Medicines Act which excluded blood components from the legal definition of a medicine. The term "authorisation" is used rather than "prescription" because blood components are excluded from the Medicines Act and therefore cannot, legally, be "prescribed".

Blood Components covered by the 2005 BSQR amendment 25 to the Medicines Act are whole blood, red cells, fresh frozen plasma, platelets, cryoprecipitate, and granulocytes (white cells).

In 2009, Pirie and Green published a governance framework to "Support Nurses and Midwives Making the Clinical Decision and Providing the Written Instruction for Blood Component Transfusion", which led to the first development of Nurse and Midwife Authorisation of Blood Components.

In 2022, the United Kingdom and Ireland Blood Transfusion Network (UK&IBTN) published "Clinical Decision-Making and Authorising Blood Component Transfusion: A Framework to Support Non-Medical Healthcare Professionals" (HCP), to replace Pirie and Green's framework (2009), due to the changing needs of patients and the further extension of HCP's traditional role.

A major development from the 2022 framework was the inclusion of other registered HCPs, moving away from specifically needing Nursing and Midwifery Council (NMC) registration to become authorisers of blood and blood components. Any member of a "registered and regulated" professional body, that can demonstrate a clinical need, can become an authoriser of blood and blood components with the correct training and mentorship. This includes but is not exhaustive of, HCPs such as Operating Department Practitioners (ODPs) and Paramedics who are on the HCPC register.

SNBTS have taken the view to exclude both whole blood and granulocytes from the Non-Medical Authorisation of Blood Components course they provide. In NHS Lanarkshire (NHSL), where there is a clinical need, the NMA is proficient, and working within their own scope of practice, they are permitted to authorise the following blood components:

- Red Cells
- Platelets
- Fresh Frozen Plasma
- Cryoprecipitate

2. AIM, PURPOSE AND OUTCOMES

The aim of this policy is in response to the changing needs of the service, clinical practice, and the drive to improve delivery of care while preventing delays for those requiring blood transfusion. This policy establishes the criteria and the assessment framework required for the safe authorisation of blood components by Registered Health Care Professionals (HCPs).

The primary purpose of this policy is to improve the delivery of care to patients receiving blood transfusions. It is intended to provide robust guidance to help ensure that HCPs who undertake non-medical authorisation of blood and blood components, practice safely. This policy is applicable to appropriately trained HCPs working within NHS Lanarkshire, who wish to develop their role to include making the clinical decision to transfuse and the authorisation of blood components.

The role of the Advanced HCP is predominantly a medical role in which the practitioner has undergone extensive training so that they can safely deliver an enhanced level of care.
The aims of this policy are:

- Provide robust guidance to help ensure registered HCPs in NHS Lanarkshire who undertake non-medical authorisation of blood and blood components training, practice safely.
- To ensure that the appropriate governance is in place and processes are followed
- To identify how competency is maintained following successful completion of the NMA course

The template policy developed by the SNBTS Transfusion Team using a "Once for Scotland" approach by the SNBTS Transfusion Team has been used to develop this NHS Lanarkshire Policy. By using a "Once for Scotland" approach the SNBTS TT aim to standardise practice across Scotland and reduce unnecessary duplication.

3. SCOPE

3.1 SELECTION CRITERIA AND TRAINING REQUIREMENT

The clinical area management team, in conjunction with the senior management team are responsible for ensuring that any service change would be in the best interest of the patients being cared for in the identified clinical area.
Any HCP requesting to complete the training and become an authoriser of blood and blood components should seek agreement from their line manager in the first instance. This is to ensure the individual has the right skills, knowledge, and experience to apply for the course.

The clinical team needs to consider which patient groups are suitable and under which circumstances, a clinical decision to transfuse and authorise blood and blood components can be made by non-medical authorisers, with the consultant overall responsible for the patient's care.

The NMA framework (Clinical Decision-Making and Authorising Blood Component Transfusion (transfusionguidelines.org) 2022 details the person specification staff must meet prior to being considered for a NMA course.

The following criteria below must be met by registered HCPs to undertake the role of NMA:

- NMA has been accepted and implemented (or is in the process of being implemented) by the health board
- Be a registered HCP who meets the professional standards of their governing body.
- Have the support of their line manager and approval of the professional lead for NMA, based on an identified clinical need and service improvement to improve patient care within their clinical area of practice.
- Provide evidence of an advanced level of knowledge, skills, and expertise in a relevant clinical specialty; manage a caseload of patients, or work as part of a clinical team optimising the care of patients who may require a transfusion
- Have an appropriate level of clinical assessment and decision-making skills
- Have an approved mentor who agrees and has been approved by the relevant speciality clinical lead and Hospital Transfusion Committee (HTC) or equivalent local governance committee
- Have attended and completed all modules of a NMA course aligned to the UK+IBTN framework.

The framework also specifies that staff must undertake a personal development needs analysis and have completed the following Learn Blood Transfusion (LBT) e-learning modules (or equivalent):

- Safe Transfusion Practice.
- Blood Components and Indications for Use.

In addition, SNBTS stipulates that staff should, prior to attendance on the NMA course, have also completed the following from the LBT programme modules:

- Acute Transfusion Reactions

- Consent for Transfusion

NHS Lanarkshire specify that staff must also:

- Be a suitably skilled and experienced practitioner of band 6 and above approved by the Chief Nurse at University Hospital Wishaw (or deputy equivalent) and/or the Lead Oncology Nurse.

3.2 MENTOR SELECTION

Mentorship is necessary to ensure the HCP feels supported in order to complete sufficient learning and a period of supervised practice. This will ensure the required standards to practice as a NMA are met. Mentor support is identified as a pre-requisite to successful clinical learning (Pop 2017). Mentors must be willing to commit and have the capacity to facilitate the required supervision and support.

The assigned mentor must be a senior member of medical staff, or existing Non-Medical Authoriser, ideally from within the same speciality, who has the capacity to supervise the HCP until competency has been established.

They must also have been practicing as an authoriser of blood components and deemed competent by the LanTaG Chair or Transfusion Lead and have an appropriate level of experience.

Mentor responsibilities:

- Must be approved by the Transfusion Lead or LanTaG chair
- Must maintain their own transfusion training and be familiar with the organisation's transfusion policies and protocols
- Have the capacity/time to dedicate to supervising the HCP until completion of training and competency is confirmed/ratified
- Must make a commitment to provide ongoing supervision and support
- Proceed with mentorship only when they have assessed the HCP, who has met the NMA course and NMA policy criteria
- Complete the NMA competency framework document as the HCP successfully completes each section
- Continue to mentor the HCP, including case reviews, and provide support for the maintenance of ongoing competency
- Report onwards any concern regarding patient safety or HCP capability or competency
- Ensure updates or changes in transfusion practice in the organisation are shared with the HCP.
- Ensure they have viewed the video on TURAS platform
- If they have not frequently authorised blood components within 6 months they should not undertake the mentorship role until they have refreshed their competencies

4. PRINCIPAL CONTENT

4.1 STAKEHOLDERS

A fundamental principle of consent in transfusion is that "the patient remains at the centre of all decisions taken", and this overarching principle should be applied to all aspects of governance in transfusion. Key stakeholders should be identified and consulted in the governance process. Key stakeholders are:

- Patients
- Ward/ department manager
- Clinician Lead for Department

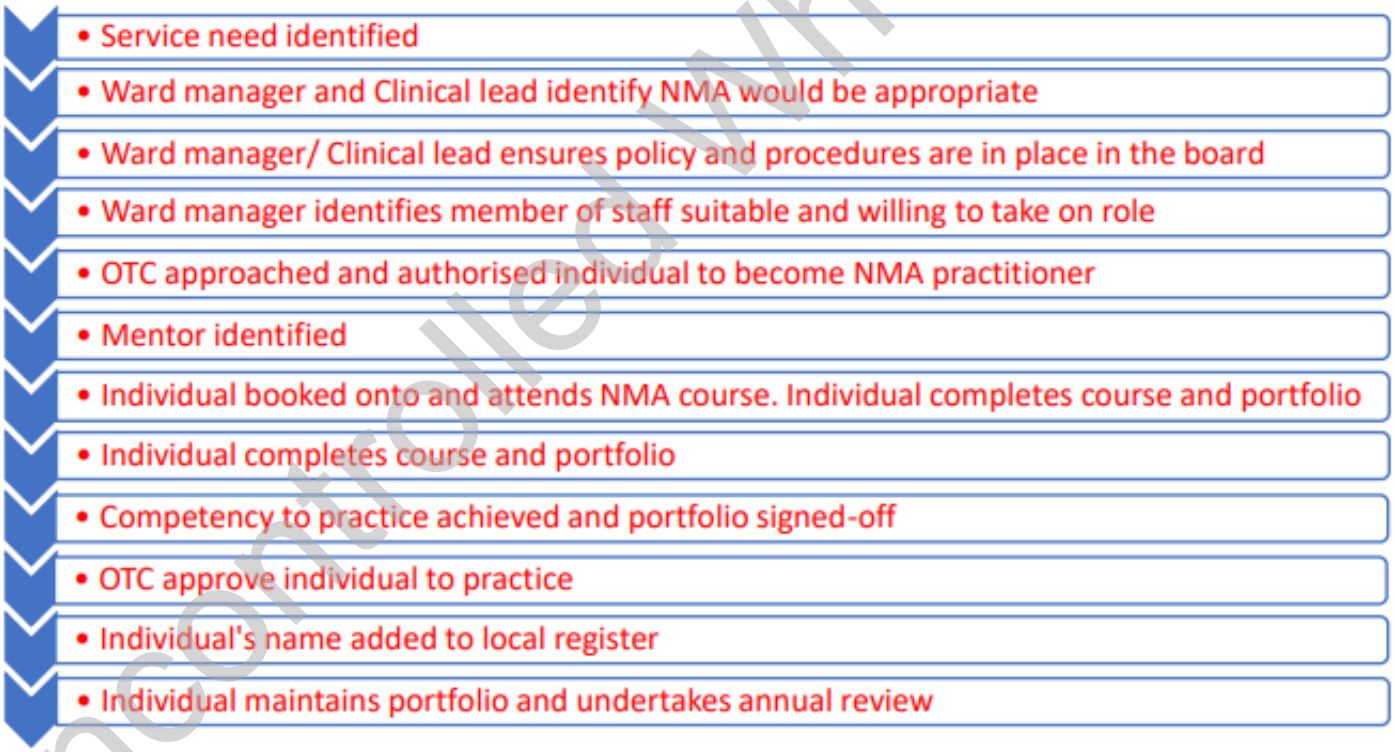
- Management team
- Transfusion Practitioner
- Lead Clinician for Blood Transfusion
- Overarching Transfusion Committee (LanTaG) Chair
- NHSL Board

4.2 GOVERNANCE

The Overarching Transfusion Committee, LanTaG and nominated professional leads will maintain a register of HCPs who have successfully completed the required training and been approved as Non-Medical Authorisers of Blood and Blood Components.

Staff must notify the HTC if they are no longer undertaking the role of Non-Medical Authoriser within NHS Lanarkshire. If the HCP changes their area of clinical practice within NHSL, they must also advise the OTC and nominated professional leads to ensure records are kept up to date.

NHSL process of how the approval and register works;



4.3 CLINICAL GOVERNANCE

It is acknowledged that for this role development to be successful, a high level of senior clinician support will be required. It is essential that all key stakeholders are involved in decision making regarding this role development and that the service has the best interest of improving patient care. National and local policies, along with governance processes, must be followed to ensure staff and patient safety is aligned to service provision. Clinical governance procedures and risk management strategies must be in place to ensure that:

- The patient is at the centre of all discussions and decisions relating to their care.

- Practice is aligned to all relevant local policies
- Planning, development, and implementation of change only happens in collaboration with the multi-disciplinary team, senior management and board directors
- There is a robust process, including clearly identified practice development, for HCPs wishing to undertake this role
- There is transparency of accountability for individuals and clinical teams for all aspects of service and clinical delivery and this accountability is identified in each HCP's scope of practice in relation to this role
- There is a register of HCPs undertaking this role within the NHSL and this register is reviewed on a regular basis to confirm continuing practice in this role
- Arrangements are in place within NHSL for assessment of practice, monitoring and continuing professional development for all HCPs undertaking this role
- The HCP's annual review includes confirmation of continuing competency
- In the event of a HCP Non-Medical Authoriser moving onto a new role within NHSL, continuation of practice must be risk assessed
- It is the receiving HB's or clinical area's responsibility to ensure that the HCP has completed all relevant training to continue undertaking the role of NMAA risk management plan is in place within NHSL to ensure timely reporting and investigation of incidents and near miss events, including trend analysis.

4.4 PATIENT SELECTION

The criteria by which a NMA can authorise transfusions should be pre-determined and agreed by appropriate governance procedures. This may vary between patient groups due to clinical need.

This decision should be guided by risk versus benefit with consideration of alternative treatments (Appendix 1 – NICE algorithm). It is expected that NMAs will only authorise blood and blood components within their own clinical area and remain within their scope of practice.

4.5 CONSENT FOR TRANSFUSION

Valid consent must be obtained for blood and blood component transfusion in accordance with local and national policies including the principles laid out in "Realistic Medicine". The HCP must ensure that whenever possible, the patient is involved in a shared decision-making process in order to preserve informed and valid consent. Consideration of the patient's capacity to give consent and the right to refuse blood transfusion should also be included. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision (SaBTO, 2020).

Where patients are deemed to lack capacity, such as those receiving treatment under section 47 of the Adults with Incapacity (Scotland) Act 2000, or should a patient require a transfusion in an emergency and is unable to provide consent, this must be documented in the patient's clinical record.

The risks and benefits of transfusion should be assessed, and transfusion should proceed if felt clinically necessary. In this circumstance, provision should be made for retrospective information delivery, when the recipient is deemed to have capacity.

Further reading on the general principles of consent:

https://www.nhs.uk/conditions/consent-to-treatment/
https://www.nhs.uk/conditions/consent-to-treatment/capacity/ *https://www.gov.uk/government/publications/blood-transfusion-patient-consent/guidelines-from-the-expert-advisory-committee-on-the-safety-of-blood-tissues-and-organs-sabto-on-patient-consent-for-blood-transfusion*

4.6 AUTHORISING BLOOD COMPONENT TRANSFUSION

Authorisers of blood and blood components must ensure that the written instruction to transfuse is made in accordance with local and national policies. Further guidance for NMAs on making the decision to transfuse can be accessed in the NHS Lanarkshire Clinical Blood Transfusion Policy.

5. ROLES AND RESPONSIBILITIES

5.1 HEALTH CARE PROFESSIONAL (HCP) RESPONSIBILITIES

The responsibilities of the HCP are to:

- Ensure together with their clinical team (including Line Manager, Professional Lead, Chief Nurse/Service Manager and Medical Director) that this service development is appropriate.
- Ensure that they have authorisation from the professional lead prior to undertaking the course
- Ensure job description reflects the scope of practice to include any new responsibilities
- Demonstrate the ability, knowledge, and competence to undertake the role to a safe and high standard
- Provide documented evidence to support their knowledge and competence in the form of a portfolio
- Interpret blood results within the clinical specialty – medical advice should be sought out with area of practice
- Attend all in-person sessions of the NMA course and complete all self-directed study as directed by the course.
- Ensure on successful completion of the programme that they inform the register holder and their line manager that they are now competent to authorise blood components.
- Be responsible for maintaining and keeping up to date their knowledge and skills while participating in ongoing performance development and review.
- Keep documentation that is accurate, clear, and legible, including rationale for treatment and conversation with the patient/ carer.
- Understand the potential risks of transfusion and take appropriate action in the event of any transfusion reaction.
- Be aware of the boundaries of their role.

5.2 MANAGEMENT RESPONSIBILITIES

Management responsibilities for the implementation and maintenance of the NMA programme:

- Ensure a partnership approach involving key stakeholders is used when developing a proposal for the introduction of NMA in a considered clinical area.
- Assist with identifying the financial and human resources required to support full implementation and continuing practice
- Agree who will undertake supervision of practice and mentorship role in collaboration with the HCP and OTC, to ensure they are suitably qualified to do so.
- Confirm indemnity arrangements and regulatory frameworks
- Ensure that relevant risk assessments are undertaken to maintain patient safety
- Ensure the HCP undertakes and completes the education and training required
- Support the HCP to work within agreed role boundaries as per the agreed scope of practice
- Ensure the professional lead has agreed attendance
- Establish appropriate clinical governance processes and ensure these are adhered to.
- Support and advise the HCP on strategies for evaluation of role development
- Carry out regular performance review with the HCP to verify knowledge and competence, linked to annual appraisal and a personal development plan.

5.3 CLINICAL LEAD RESPONSIBILITIES

The responsibilities of the clinician in introducing and continuing this role development in their clinical areas are:

- Work in partnership to identify a suitable patient group or clinical setting for this role development.
- Work in partnership to develop a proposal for service change.
- Work in partnership to develop a local policy which reflects the requirements of field of practice.
- Agree to support, and take responsibility for, the provision of a suitable mentor, including continual annual competency assessments in authorisation.
- Support and advise HCP on strategies for evaluation of blood transfusion practice, focusing on appropriate and safe use of blood.

5.4 RECORDING OF TRAINING

A supervisory learning log and portfolio of evidence is required to provide a structured record of the HCP's learning requirements, training, reflective practice, case-based discussions, and assessment of practice. The HCP should undertake a period of supervision (minimum 3 months) prior to final sign off by mentor. The portfolio should be reviewed at least yearly as part of their annual review.

The portfolio SNBTS has developed for the NMA course should be used as record of training.

5.5 COMPLIANCE

Sign off for the competence of authorisation of blood components will be verified by a consultant or agreed suitably experienced registrar, or suitably experienced current Non-Medical Authoriser, following at least a 3-month agreed period of supervised practice. Supervised practice should include:

- Discussion of the patient's clinical condition
- Indication for transfusion including risk/benefit
- Discussion of the patient's transfusion history including previous complications, special requirements and consent.

5.6 INDEMNITY

By law, nurses, midwives, and health care professionals must have in place appropriate indemnity arrangements to be able to practice in the United Kingdom. Appropriate cover is an indemnity arrangement which is accurate to the individual's role and scope of practice. To meet the needs of vicarious liability, a register of approved authorisers should be maintained by the organisation as part of the risk management and governance process. Staff directly employed by NHS Lanarkshire have their professional indemnity provided by the organisation.

However, the job description of the HCP must be amended to reflect the role of non-medical blood authorisation within their scope of practice, clearly outlining their accountability and responsibilities (United Kingdom & Ireland Blood Transfusion Network, 2022).

Information on professional indemnity can be found at:

Nursing and Midwifery Council: *https://www.nmc.org.uk/globalassets/sitedocuments/registration/pii/pii-final-guidance.pdf*
The Health Care Professional Council: *https://www.hcpc-uk.org/resources/guidance/professional-indemnity-and-your-registration/*
General Pharmaceutical Council: *https://www.pharmacyregulation.org/professional-indemnity-requirements*

6. RESOURCE IMPLICATIONS

- Service Level Agreement (SLA)
- Agreed study time
- Directorate funding to support course attendance
- Retraining time for supervised practice after long term absence or if HCP is involved in an incident
- Portfolio evidence from previous NMA course to allow continuation of practice – new portfolio assessment can be used for revalidation if HCP is transferring from different specialty or health board. HCPs who participated in the previous old course, but have not authorised any blood or blood components for >1 year, should discuss with their line manager about the possibility of attending the current NMA course before undertaking the role of NMA
- Mentor resource including annual peer review

7. COMMUNICATION PLAN

- SNBTS will communicate with NHS Lanarkshire to confirm HCP attendance and completion of NMA course
- OTC will be informed of any HCPs attending the NMA course and successfully undertaking the role of NMA
- HCP will be responsible for communicating continuing practice
- Communication to all NHS Lanarkshire staff for awareness of policy
- Annual quality, safety governance meetings

8. QUALITY IMPROVEMENT – MONITORING AND REVIEW

A process of continuous quality improvement must be implemented. The clinical team must ensure that:

- The impact of the role development is assessed using appropriate audit and/or research methods linked to outcomes
- Blood transfusion practice is audited against hospital policy and national guidelines focusing on appropriate and safe use of blood and blood components.
- There is a reporting and dissemination strategy in place to ensure that evidence, as it emerges is available to all key stakeholders
- The HCPs role development must be discussed at performance appraisal/ review with their line manager.

9. EQUALITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA (tick box) [X]

10. REFERENCES

- Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), 2020. Guidelines from the expert advisory committee on the safety of blood, tissues and organs (SaBTO) on patient consent for blood transfusion. Available at: https://www.gov.uk/government/publications/blood-transfusion-patient-consent/guidelines-from-the-expert-advisory-committee-on-the-safety-of-blood-tissues-and-organs-sabto-on-patient-consent-for-blood-transfusion
- BARTON, T.D., 2006. Clinical mentoring of nurse practitioners: the doctor's experience. British Journal of Nursing 15(15) pp 820-824.
- BRITISH COMMITTEE FOR THE STANDARDS IN HAEMATOLOGY, BLOOD TRASNFUSION TASK FORCE, 2009. Guidelines for the administration of blood and blood components and the management of transfused patients.
- GREEN, J. AND PIRIE, E., 2009. A framework to support nurses and midwives making the clinical decision and providing written instruction for blood components transfusion. NHS Blood and Transplant. [Online] Accessed at: http://www.transfusionguidelines.org.uk/docs/pdfs/BTFramework-final010909.pdf

- Lin, Tinmouth, Mallick, Haspel (2016) BEST-TEST2: assessment of haematological trainee knowledge of transfusion medicine. Blackwell Transfusion.
- Nursing and Midwifery Council, 2006. Standards for proficiency for nurse and midwife prescriber. NMC, London.
- Nursing and Midwifery Council, 2020. Professional Indemnity: a requirement for registration. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/registration/pii/pii-final-guidance.pdf
- PIRIE, L. AND GREEN, J., 2007. Should nurses prescribe blood products? Nursing standard 21(39) pp 35-41. POP, R.S., 2017.
- Mentoring Nurse Practitioners in a Hospital Setting. Journal of Nursing Research 25(4) pp 304-309.
- REGIONAL TRANSFUSION PRACTITIONER GROUP, 2012. A Template for Nurse Authorisation Framework for Blood Component Transfusion for Clinical Haematology. Online: https://www.transfusionguidelines.org/document-library/documents/a-template-for-nurse-authorisation-framework-for-blood-component-transfusion-for-clinical-haematology/download-file/rtc
- United Kingdom & Ireland Blood Transfusion Network (Education Working Group) 2022. Clinical decision making and authorising blood component transfusion: A framework to support non-medical healthcare professionals.

11. CHECKLIST

To be sent to corporate policies:

- Copy of completed policy
- Copy of EQIA
- Copy of assurance process document for all policies
- Copy of Template for Training Evidence

12. APPENDICES

12.1 APPENDIX 1 – NICE NG24 FLOW CHART

Tools and resources | Blood transfusion | Guidance | NICE

12.2 APPENDIX 2 – SIGN OFF RECORD

NMA Competency register for NHS Lanarkshire Responsible committee – Overarching Transfusion Committee - LanTaG				
NMA Name	Date signed off as an NMA	NMA Email address	Ward/ Department	Hospital
Please send a copy to the Transfusion Practitioner (Moira Caldwell moira.caldwell@lanarkshire.scot.nhs.uk)				

12.3 APPENDIX 3 – BOARD CHECKLIST FOR IMPLEMENTATION OF NON-MEDICAL AUTHORISATION AND APPROVAL OF NEW NON-MEDICAL AUTHORISERS

The following checklist can be used by boards to ensure that they meet all the requirements set out within their local NMA policy and therefore standards within the *Clinical decision making and authorising blood component transfusion: A framework to support non-medical healthcare*, 2022.

Hospital Name:	
Clinical Area:	
Pre-training/Implementation Checklist (Completed by direct line manager, ward/nursing manager or clinical lead)	
Is NMA already implemented within this clinical area?	Yes ☐ No☐
What is the service requirement for NMA within this clinical area?	
Have you as the line manager read the NHS Lanarkshire **Policy for the Non-Medical Authorisation of Blood Components**	Yes ☐ No☐
Has NMA within this clinical area been formally risk assessed?	Yes ☐ No☐
Staff member identified for NMA (please include e-mail)	
Does staff member meet criteria as set out within **Policy for the Non-Medical Authorisation of Blood Components**	Yes ☐ No☐
Has funding been agreed for the staff member to attend the NMA course?	Yes ☐ No☐
Has a mentor been identified?	Yes ☐ No☐
Please state name and job title of mentor:	Name:
	Job Title:
Does the staff member's job description reflect the roles and responsibilities of a NMA, therefore ensuring appropriate indemnity cover?	Yes ☐ No☐

Has funding for staff to attend the SNBTS NMA Programme been agreed?	Yes ☐ No☐
Has the staff member completed the appropriate Learn Blood Transfusion e-learning as stated in the NHSL? **Policy for the Non-Medical Authorisation of Blood Components**	Safe Transfusion Practice: Yes ☐ No☐ Blood Components and Indication for Use: Yes ☐ No☐ Acute Transfusion Reactions: Yes ☐ No☐ Consent for Transfusion: Yes ☐ No☐
Is the direct line manager aware that the staff member's annual appraisal should include confirmation of continuing competence to practice NMA?	Yes ☐ No☐
Pre- training/Implementation checklist completed by	Print name……. Sign name…….. Job role……

12.4 Appendix 4 – INDIVIDUAL NMA SIGN OFF RECORD

Approval to progress with Non-Medical Authorisation	
Staff member name ……..	
As the NMA I confirm I have completed an appropriate training programme, Portfolio and have been signed off by a mentor as an independent NMA practitioner. Print Name…….. Signature……..	
As the clinical lead for this department, I approve NMA within this clinical area and support the above staff member's application to become a NMA Practitioner. Print Name…….. Signature……..	
As the ward/nurse manager for this department, I approve NMA within this clinical area and support the above staff member's application to become a NMA Practitioner. Print Name…….. Signature……..	
SNBTS NMA Programme (Completion by mentor)	
Identified staff member has completed the SNBTS NMA programme	Yes ☐ No☐
As the mentor of the identified staff member I can confirm that <insert staff member's name> is competent to practice as a non-medical authoriser having completed the SNBTS NMA Programme and a portfolio of practice Mentor Print Name: …… Mentor Signature: ……..	
Final LanTaG Approval (Completion by OTC Chair & Chief Nurse UHW or deputy equivalent)	
Staff member/s added to local register for NMAs in NHS Lanarkshire	Yes ☐ No☐
On behalf of NHS Lanarkshire, we the Overarching Transfusion Committee Chair and UHW Chief Nurse (or deputy equivalent) can confirm that this staff member has met the requirements to practice as a non-medical authoriser as laid out in the NHS Lanarkshire Policy: Decision to Transfuse and Authorisation of Blood and Blood Components by Non-Medical Authorisers	
Print Name…….. Signature…….. Print Name…….. Signature……..	